FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEC Mail Processing

JECTION

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Washington, DC 111

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPRO	VAL

OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response16.00

1455882

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (cate change).
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 505 Type of Filing: ☐ New Filing ☐ Amendment	06 □ Rule 4(6) □ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer: Redhouse Capital LLC (☐ check if this is an amendment a	and name has changed, and indicate change.)
Address of Executive Offices (Number and Street, City, State, Zip Code) 40 West 24 th Street, Suite 3F, New York, NY 10010	Telephone Number (Including Area Code) 917-549-4333
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Factoring and asset based lending	>
Type of Business Organization FEB 1 1 2009	
☑ corporation ☐ limited partnership, already formed ☐ other (please specify	
□ business trust □ limited partnership, to be for the limited partnership.	npany 03001670
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: [O 3 0 8] Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviat	☑ Actual ☐ Estimated
CN for Canada; FN for other foreign jurisdiction	tion) [N][Y]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments needs only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENT	FIFICATION DATA									
2. Enter the information requested for the following:										
• Each promoter of the issuer, if the issuer has been organized within the past five years;										
 Each beneficial owner having the power to vote or dispose, or direct the issuer; 	· · · · · · · · · · · · · · · · · · ·									
 Each executive officer and director of corporate issuers and of corp 	Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and managing partner of partnership issuers.										
Check Box(es) that Apply: Promoter Beneficial Owner Redhouse Capital Management LLC Managing Partner	☐ Executive Officer	☐ Director	☐ General and/or							
Full Name (Last name first, if individual)			•							
Business or Residence Address (Number and Street, City, State, 2 40 West 24 th Street, Suite 3F, New York, NY 10010	lip Code)									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	ĭ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual) Rothauser, Oliver										
Business or Residence Address (Number and Street, City, State, Z 40 West 24th Street, Suite 3F, New York, NY 10010	lip Code)									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Z	(ip Code)									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Z	lip Code)									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Z	lip Code)									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Z	ip Code)									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Z	ip Code)									

A. BASIC IDEN	TIFICATION DATA								
2. Enter the information requested for the following:	***************************************								
Each promoter of the issuer, if the issuer has been organized within the past five years;									
 Each beneficial owner having the power to vote or dispose, or dire the issuer; 	ect the vote or disposition of, l								
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State,	Zip Code)								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State,	Zip Code)								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State,	Zip Code)								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State,	Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State,	Zip Code)								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State,	Zip Code)								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State,	Zip Code)								

B. INFORMATION ABOUT OFFERING	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes No
Answer also in Appendix, Column 2, if filing under ULOE.	
What is the minimum investment that will be accepted from any individual?	100,000
	Yes No
3. Does the offering permit joint ownership of a single unit?	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commis or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to	sion
be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or	
dealer, you may set forth the information for that broker or dealer only.	
Full Name (Last name, first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All State" or check individual States)	All States
[AL] [AK] [AZ] {AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	☐ All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	box: and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price \$7,500;000	Amount Aiready Sold
	Debt		<u> </u>
	Equity	\$	<u> 3</u>
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	
	Partnership Interests		\$
	Other (specify)	\$	
	Total	<u>s</u>	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount Of Purchases
	Accredited Investors		<u>\$</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	·	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering		Document
		Type of Security	Amount Sold
	Rule 505	Security	Sold
	Regulation A	Security	\$ Sold \$ \$ \$ \$
	Regulation A	Security	Sold
	Regulation A	Security	\$ Sold \$ \$ \$ \$
4.	Regulation A	Security	\$ Sold \$ \$ \$ \$
4.	Regulation A	Security	\$ Sold \$ \$ \$ \$ \$ \$
4. :	Regulation A	Security	\$ Sold \$ \$ \$ \$ \$ \$ \$ \$ \$
4. :	Regulation A	Security	\$ Sold \$ \$ \$ \$ \$ \$ \$ \$ \$
4. :	Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees	Security	\$ -/
4. :	Regulation A	Security	\$ Sold \$ \$ \$ \$ \$ \$ \$ \$ \$
4. :	Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees	Security	\$ - / \$ 25,000 \$ - \$ - / \$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for

each of the purposes shown. If the amount for any purpose check the box to the left of the estimate. The total of the p	ayments listed must equal the adjuste		
gross proceeds to the issuer set forth in response to Part C		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees			□ \$
Purchase of real estate			□ \$
Purchase, rental or leasing and installation of machinery ar			□\$
Construction or leasing of plant buildings and facilities			□\$
Acquisition of other businesses (including the value of sec may be used in exchange for the assets or securities of ano	ther issuer pursuant to a merger)		□\$
Repayment of indebtedness	•••••	S	.□\$
Working capital		D \$	□ \$ <u>470,000</u>
Other (specify): To make loans to borrowers		□ \$	□ \$ <u>7,000,000</u>
Column Totals Total Payments Listed (column totals added)		D \$	□ \$ <u>_7,470,000</u>
D. F	EDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undesignature constitutes an undertaking by the issuer to furnish to information furnished by the issuer to any non-accredited investors.	the U.S. Securities and Exchange Costor pursuant to paragraph (b)(2) of E	mmission, upon written r	
Issuer (Print or Type) Redhouse Capital LLC	nature	Date 9/22/08	
Name of Signer (Print or Type) Tit	e of Signer (Print or Type) nager of the Issuer's Manager - Redh		rt LLC

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		•
Is any party described in 17 CFR 230.252(c), (d), (e) provisions of such rule?			Yes No
See Appe	endix, Column 5, for State Respons	e	
The undersigned issuer hereby undertakes to furnish to CFR 239.500) at such times as required by state law.		ate in which this notice is filed, a notice on i	Form D (17
3. The undersigned issuer hereby undertakes to furnish to offerees.	to the state administrators, upon wr	itten request, information furnished by the i	ssuer to
4. The undersigned issuer represents that the issuer is fa Offering Exemption (ULOE) of the state in which this has the burden of establishing that these conditions has	s notice is filed and understands the		
The issuer has read this notification and knows the conte undersigned duly authorized person.	ents to be true and has duly caused t	his notice to be signed on its behalf by the	
Issuer (Print or Type)	Signature / //	Date	

Title (Print or Type)

9/22/08

Manager of the Issuer's Manager - Redhouse Capital Management LLC

Instruction.

Redhouse Capital LLC

Name (Print or Type)

Oliver Rothauser

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	-	2	3	4			_	5 Disqualification	
			Type of security				under State ULOE (if yes,		
		o sell to	and aggregate					1	tach
		credited s in State	offering price offered in state		Type of	investor and rchased in State			ation of granted)
		-Item 1)	(Part C-Item 1)		(Part	C-Item 2)		(Part E-Item 1)	
				Number of		Number of			
				Accredited Investors	4 4	Non-Accredited Investors	Amount	Yes	No
State AL	Yes	No		THV CSCOTS	Amount	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount	165	130
AK			<u> </u>						
Ĺ							<u> </u>		
AZ				<u> </u>				<u> </u>	
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1	· ·	2	3	4			Γ	5	
1		2		•			Disqualification		
1								1	r State
			Type of security					ULOE (if yes,	
		o sell to	and aggregate		m 6: 1			Attach	
1		credited s in State	offering price offered in state		1 ype 01	investor and rchased in State		Explanation of waiver granted)	
		-Item 1)	(Part C-Item 1)		(Part	C-Item 2)		(Part E-Item 1)	
	(Autra	<u> </u>	(Number of		Number of			
İ			<u> </u> {	Accredited		Non-Accredited			
State	Yes	No	<u> </u>	Investors	Amount	Investors	Amount	Yes	No
MT								ĺ	
NE									
NV									
NH									
NJ				_					
NM									
NY		X	Notes/\$7,500,000						X
NC									
ND									
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RI									
SC									
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TN									
TX									
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